MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-026930
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Registration District No. 149 Primary Registration District No. 2002 Registrar's No. 3528

FILED JUL 30 1962

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 2 WEEKS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Mary's Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Saline
c. CITY OR TOWN Salina
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 321 West Ellsworth
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month	Day	Year
Karl	D.	Anderson	July	5	1962

5. SEX	6. COLOR OR RACE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HR Hours / Min.
Male	White		2-6-1898	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
Railroad	Railroad	Kansas	USA

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Unkown	Unkown	Ruth Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of servic W.W. I
17. INFORMANT Address: Hospital Records K.C. Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebrocytoma, brain — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchopneumonia
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 20, to July 5, 1962 and last saw him alive on July 5, 1962
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

MEDICAL CERTIFICATION

22a. SIGNATURE (Degree or title) Graham Owens M.D
22b. ADDRESS Union Station KC Mo
22c. DATE SIGNED 7-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE July 6, 1962
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) Salina, Kansas (State)

24. FUNERAL DIRECTOR R.A.Fulton ADDRESS Kansas City, Kansas
25. DATE RECD. BY LOCAL REG. 7-6-62
26. REGISTRAR'S SIGNATURE Ruth H Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	8150 X 2		
3			
4	0		
5	1		
6			
7	1		
8	V		
9	1930		
10			
11			
12	67-0		
13			

BY AFFIDAVIT OF J. Owens DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Graham Owens
Union Station VI 2-2813

AUG 2 1962

VS JUL 31 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.